## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10813937

CLAIMS AS FILED - PART I											<del></del>	
r		(Colur			(Column 2)		SMALL ENTITY TYPE		OF	OTHER THAN		
╟	TOTAL CLAIMS							RATE	FEE		RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 150.0	OF	BASIC FE	<del></del>
TOTAL CHARGEABLE CLAIMS			п	minus 20=		•		X\$ 25=		OF	Vasa	<del>                                     </del>
╟	NDEPENDENT	minus 3 =		_			X100=	+	7	You		
Ľ	MULTIPLE DEPE	NDENT CLAIM	PRESENT	RESENT					<del> </del>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del> </del>
٠	If the difference	e in column 1 is	s less than :	less than zero, enter '		olumn 2		+180=	-	OF	L	↓
				MENDED - PART II				TOTAL	<u> </u>	OF		<u> </u>
_		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENTA	3250	REMAINING AFTER AMENDMENT	-	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
S	Total	* 15	Minus	- 20	2	=		X\$ 25=		OR	X\$50=	
Ž	Independent	FNTATION OF M	Minus	###	<u>}</u>	=	Ī	X100=		OR	X200=	
L.,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+360=	
										+	TOTAL	
_		(Column 1)		(Columi		(Column 3)	A	DDIT. FEE	<u></u>		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	## ;		=	Γ	X\$ 25=		OR	X\$50=	
AME	Independent	*	Minus	***		=	t	X100=		OR	X200=	
	I MOT PRESE	NTATION OF MU	LIPLE DEF	ENDENT	LAIM			+180=		1		·
							L	TOTAL		OR	+360= TOTAL	
	•	(Column 1)		(Column	2) (	Column 3)	AD	DIT. FEE		OR ,	DDIT. FEEL	
EN.		CLAIMS REMAINING AFTER AMENDMENT	. <del>-</del>	HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI: TIONAL
MENUMEN	Total	*	Minus	**	-		T <sub>x</sub>	\$ 25=	FEE		X\$50=	FEE
	Independent		Minus	***		•	-	100=		OR	<del></del>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X200= .	
• 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+360=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter \$20.											TOTAL DIT. FEE	
	•		· w (ionaid)			gnest number fo	ound i	n ine appr	opriate box	in colun	nn 1.	